

**COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
JUVENILE COURT DEPARTMENT**

_____ Division

Docket No. _____

COMPLAINT FOR A TEMPORARY ORDER OF SUPPORT

M.G.L. c. 119, §28

1. Plaintiff, _____, who resides at
(name)

(street and no.) (city or town)

(county) (state) (zip code) is

- ☐ child
☐ mother
☐ father
☐ guardian/custodian
☐ parent/personal representative of the mother/father of the child
☐ the Department of Social Services/agency licensed under G.L. c. 28A
☐ the Department of Transitional Assistance/Department of Revenue

2. The child for whom support is sought:

(name) (date of birth) (social security number)

(street and no.) (city/town) (county) (zip code)

3. Defendant(s) is/are:

Name: _____

Address: _____

d/o/b: _____

SSN _____

Relationship to child: _____

4. Are the child's mother and father currently married to each other? ☐ Yes ☐ No

If no, are mother and father divorced or separated? ☐ Yes ☐ No

5. If the answers to Question No. 4 are no, has paternity been adjudicated? ☐ Yes ☐ No

If yes, date paternity was adjudicated _____ Court _____

6. Who has custody of the child? _____

7. A copy of the child's birth certificate is attached.

WHEREFORE, the plaintiff requests that the Court:

- ☐ order a suitable amount of support for said child.
☐ order the defendant to maintain/provide health insurance for the benefit of the child.
☐ _____.

Date: _____

Signature of Attorney, or Plaintiff, if pro se

Address _____

Telephone # _____

BBO# _____

This matter shall be heard in conjunction with the petition filed pursuant to G.L. c. 119, §24.